



457

# EMPLOYEE INFORMATION CHANGE FORM - PAGE 1 OF 2

- Use this form to make name, marital status, or beneficiary designation changes in your existing ICMA-RC 457 Deferred Compensation Plan, 401 Money Purchase Plan, or 401 Profit-Sharing Plan accounts.
- If this request requires your employer's approval, obtain the employer signature before forwarding it to ICMA-RC.
- Please print legibly in blue or black ink. If you fax the form to ICMA-RC, please do not mail the original.

## 1. PERSONAL INFORMATION

Employer Plan Number 301483 Employer Plan Name \_\_\_\_\_ State \_\_\_\_\_

Social Security Number (for tax-reporting purposes) \_\_\_\_\_

Full Name of Participant (Note: If you are submitting a name change, please indicate your former name here.)

\_\_\_\_\_  
Last First M.I.

## 2. NAME CHANGE

For name changes, you must attach a copy of a legal document (e.g., driver's license or marriage certificate). If you have more than one ICMA-RC account, your name change will be made to all accounts.

Full New Name of Participant

\_\_\_\_\_  
Last First M.I.

## 3. MARITAL STATUS CHANGE

If you have more than one ICMA-RC account, your marital status change will be made to all accounts.

New Marital Status - Check one box  Married  Single

## 4. BENEFICIARY DESIGNATION CHANGE

Read the important beneficiary information in the form instructions before completing this section. Please use whole percentages and be sure the percentages total 100% when designating primary and contingent beneficiaries.

### A. Primary Beneficiary(ies) – will receive your assets upon your death.

Complete this section **ONLY** if you want to change or add a primary beneficiary. If you do not complete this section, no changes will be made to your existing primary beneficiary designation.

The changes you indicate here will apply only to the plan indicated in Section 1. If you have multiple plans with ICMA-RC, please complete a separate form for each plan.

The primary beneficiary information you indicate here will supersede previously submitted information and will be used by ICMA-RC to determine the primary beneficiary(ies) entitled to all or a portion of your plan account.

Name	Date of Birth	Relationship to You*	Social Security Number (for tax-reporting purposes)	% of Benefit
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
				<b>Total: 100%</b>

\* The beneficiary relationship options are spouse, non-spouse, trust, and charity.

CONTINUED ON THE NEXT PAGE. REMEMBER TO COMPLETE AND SIGN PAGE 2.

PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS

# EMPLOYEE INFORMATION CHANGE FORM - PAGE 2 OF 2

Employer Plan Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

## 4. BENEFICIARY DESIGNATION CHANGE (continued)

**B. Contingent Beneficiary(ies) – will receive your assets if there is no primary beneficiary(ies) living at the time of your death.**

Complete this section **ONLY** if you want to change or add a contingent beneficiary. If you do not complete this section, no changes will be made to your existing contingent beneficiary designation.

The changes you indicate here will apply only to the plan indicated in Section 1. If you have multiple plans with ICMA-RC, please complete a separate form for each plan.

The contingent beneficiary information you indicate here will supersede previously submitted information and will be used by ICMA-RC to determine the contingent beneficiary(ies) entitled to all or a portion of your plan account.

Name	Date of Birth	Relationship to You*	Social Security Number (for tax-reporting purposes)	% of Benefit
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
				<b>Total: 100%</b>

\* The beneficiary relationship options are spouse, non-spouse, trust, and charity.

## 5. SPOUSAL CONSENT

**SPOUSAL CONSENT APPLIES TO (1) MOST 401 PLANS IF ELECTED BY THE EMPLOYER AND (2) ALL 401 AND 457 PLANS IF YOU LIVE IN A COMMUNITY PROPERTY STATE.**

Most 401 plans require that if you are married, your spouse is the primary beneficiary for 100 percent of the account unless your spouse waives this right. If you are married and you do not designate your spouse as your primary beneficiary for 100 percent of the account, your spouse must sign the Spousal Consent portion of this form in the presence of a plan representative or a notary public. Additionally, if you live in a community property state, you must generally name your spouse as beneficiary in the 401 and 457 plans unless your spouse waives this right. Please read the form instructions for additional information.

**Spousal Consent to Name a Non-Spousal Primary Beneficiary(ies):**

By signing below, I hereby voluntarily consent to the beneficiary designation made by my spouse and waive my designation as sole primary beneficiary. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me; (2) each beneficiary designation is not valid unless I consent to it; and (3) my consent (signature) must be witnessed by either my spouse's plan representative or a notary public. Please note that if you live in a community property state, the spousal consent must be witnessed by a notary public.

Signature of Participant's Spouse \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Print Name of Participant's Spouse \_\_\_\_\_

SPOUSAL CONSENT IS REQUIRED TO BE WITNESSED BY:

Employer's Plan Representative

OR

Notary Public\*

Signature of Spouse witnessed this \_\_\_\_\_ day  
of \_\_\_\_\_ (month), 20 \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day  
of \_\_\_\_\_ (month), 20 \_\_\_\_\_

Employer Representative's Signature \_\_\_\_\_

Notary Public's Signature \_\_\_\_\_

Print Name of Employer Representative \_\_\_\_\_

Notary Public SEAL \_\_\_\_\_

My commission

expires \_\_\_\_\_

\* IF YOU LIVE IN A COMMUNITY PROPERTY STATE, THE SPOUSAL CONSENT MUST BE WITNESSED BY A NOTARY PUBLIC.

## 6. AUTHORIZATION

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Employer Signature (if required) \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS**